

No. W 65775	Due no later than Aug 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. AWAKENINGS ACUPUNCTURE & HERBAL CLINIC, LLC JEANETTE K MORRIS 9751 N GOVERNMENT WAY STE 1 1 HAYDEN ID 83835		JEANETTE K MORRIS 31560 N. HAYDEN DR SPIRIT LAKE ID 83869			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JEANETTE K MORRIS	P.O.BOX 999	ATHOL	ID	USA	83801
5. Organized Under the Laws of: ID W 65775	6. Annual Report must be signed.* Signature: Jeanette K Morris Name (type or print): Jeanette K Morris		Date: 08/24/2017 Title: Manager			
Processed 08/24/2017		* Electronically provided signatures are accepted as original signatures.				